

ATTACHMENT 4

New procedure codes for opticians and optometrists

Effective for dates of service on and after January 1, 2004

Procedure code	Description	Allowable modifier	Provider type*	Copay	Max fee	Restrictions
76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)		28	\$3.00	\$11.85	
V2321	Lenticular lens, per lens, trifocal		28, 29	\$0.00	manually priced	
V2762	Polarization, any lens material, per lens		28, 29	\$0.00	manually priced	
V2786	Specialty occupational multifocal lens, per lens		28, 29	\$0.00	manually priced	PA** required
V2797	Vision supply, accessory and/or service component of another HCPCS vision code		28, 29	\$0.00	manually priced	PA required

*Provider type

Code	Description
28	Optometrists
29	Opticians

**PA = Prior authorization.